Care Quality Commission

Sahara Care Homes Limited

Sahara House

Inspection report

477-481 Cranbrook Road
Ilford
Essex
IG2 6ER
Tel: 020 8554 2057
Website: www.saharahomes.co.uk

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 6 January 2016. The service was last inspected on 2 September 2014 and met all regulations inspected.

Sahara House provides accommodation for up to 19 people who require nursing or personal care. The service is provided in two separate houses (house 1 and house 2) next to each other. At the time of the inspection there were 13 people using the service and one person was admitted to a hospital.

The service did not have a registered manager. A registered manager is a person who has registered with the (CQC) to manage the service. Like registered providers, they are "registered persons". Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives told us that people were safe in the home. They told us there were always staff around to ensure their needs were met and they were safe. Care files showed that each person had a risk assessment which identified possible risks to them and gave

Summary of findings

guidance to staff on how to manage the risks. Staff told us they had read the risks assessments and knew how to support people to ensure their needs were met and they were safe.

We found medicines were not always managed well. We found gaps in medicine administration records and it was not always clear if people had received their medicines as prescribed by their doctors. This put people's wellbeing at risk.

People and relative talked positively about the staff. They told us staff knew what they needed to do to meet people's needs. Staff told us they had attended various training courses related to their roles. We noted that staff had good knowledge about people's care needs and how to support them. Records showed staff had attended different training programmes including Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff told us the acting manager was supportive and they could seek advice when and if they needed it. Records showed that staff had supervision which enabled them to discuss their day to day practice and training needs. This showed that there was a good support system in place for staff.

People and their relatives told us staff supported them to attend a range of activities. We noted people had access to local amenities and staff had arranged holidays for them. Records showed each new person was assessed before their admission and care plans were formulated for them. We noted key workers organised care plan reviews to ensure that changes in people's needs were identified and appropriate support was available to them.

The service had a complaints procedure and people and their relatives told us they knew how to make a complaint if they were unhappy about the service. The acting manager said staff informally asked people about their experience of the service. We noted the provider had various quality auditing systems in place but the response of people and their relatives to the survey questionnaires was not great. The acting manager told us they would consult with stakeholders with the objective of improving their response to the survey questionnaires.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was mostly safe. Staff knew what to do if they had concerns and each person had a detailed risk assessment with guidance for staff regarding how to ensure people were safe. However, we found that there were gaps in medicine administration and recording. We have identified this as a breach of regulation and have asked the provider to make improvements.

Staff underwent a series of checks before starting work to help ensure they had appropriate knowledge and experience, and were fit to care for people.

Is the service effective?

Good

The service was effective. The home provided support in line with the requirements of the Mental Capacity Act 2005 and people's rights were protected through use of the Deprivation of Liberty Safeguards.

Staff received appropriate training and support for their roles.

People and relatives told us the food provided at the home was good. We noted that there were arrangements in place to ensure people received meals that reflected their cultural and dietary preferences.

Is the service caring?

Good

The service was caring. People and relatives told us staff were caring and kind. They told us staff respected their privacy and treated them with dignity.

People and relatives were involved in the review of their care plans. We noted key workers reviewed care plans and monitored the provision of service to ensure people's needs were met.

Is the service responsive?

Good

The service was responsive. We noted people had a range of activities to take part in and opportunities to go on holidays.

There was a complaints policy and people and their relatives knew how to make a complaint if they were not happy about any aspect of the service.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of the service and to make improvements as needed. However, currently there was no registered manager in place.

People, their relatives and staff told us the management of the home was transparent and the acting manager was approachable and supportive.

Sahara House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 January 2016 and was unannounced. The inspection was conducted by two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service. This included the provider information return (PIR) and the notifications that the provider had sent us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During the inspection we spoke with three people using the service, three care workers, the deputy manager, the acting manager, and the area manager. After the inspection we spoke with two relatives by telephone. We reviewed six people's care files, five staff files and other records such as the staff rotas, menus, and the provider's policies and procedures. We had a guided tour of the premises and observed people's interaction with staff.

Requires improvement

Is the service safe?

Our findings

People and relatives told us that they felt people were safe in the home. One person said, “Someone is always around. There’s always someone here.” One relative said, “Yes, I do feel [the person] is safe [in the home]". Another relative told us, “I don’t have any concerns for his safety. I feel that [the person] is safe. Everybody is well equipped to take care of [the person].”

However, we found that medicines were not always administered and recorded as prescribed to ensure people were safe. We checked the stock of medicines held in the home and cross referenced these with the Medicine Administration Record Sheets (MARS) for six people. We found gaps in MARS and missing signatures. We found that for some people it was not clear if medicines had not been administered or had been administered but not signed for as it was not always possible to balance check the medicine in stock due to inadequate records for example, incorrect totals in stock (both too many and too few), and incorrect and missing totals carried forward on MARS. Where staff told us administration of medicines had changed by the GP or advice had been given by a pharmacist to change the medicines, these had not been recorded. We noted from records that medicines prescribed for 21:00 were administered by the staff due to finish their shift at 20:00. These administered medicines were signed for as administered at 21:00. The area manager told us they would be undertaking a full medicines audit the day following our visit with the support of a senior support worker.

We had a discussion with staff regarding the healthcare needs of one person in relation to diabetes management. Staff told us the person had been admitted to the home on a respite basis and they did not have enough information to manage their diabetes or insulin. They told us the person had capacity and they were guided by them regarding how many units of the insulin were to be administered. We were informed that staff had discussed their concerns with the GP who had agreed to re-assess the person and offer instructions to staff in relation to the management of their diabetes. We saw records of the dates of telephone calls and emails between staff and the GP. Staff told us the GP advised not to administer more than 16 units of insulin but we noted from records that five occasions over the previous ten days where more than 16 units of insulin had been recorded as administered. Staff told us although they were aware of the GP's advice they had to give the person the amount they requested. This could be a risk to the person’s health because staff did not appropriately manage the administration and recording of medicines.

These issues are a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each person had their own medicine file which included information specific to their health care needs and any known allergies. We saw one person who had epilepsy, had very clear information recorded in relation to the types of seizures they experienced and their management instructions to staff. However, we found another person who staff told us had epilepsy did not have this information on their medicine file. The Area Manager said it was on the care file and should also have been on the medicine file.

People's care files contained detailed risk assessments which were reviewed at least once every three months by key workers. We noted the risk assessments were unique to each person. This showed that risks to people were identified and plans to manage the risks were put in place. Staff told us they had read the risks assessments and were clear about how to manage risks to people. They were able to discuss people’s risk assessments and the actions they needed to take to manage them.

Relative’s told us there were enough staff to support people. One relative said, “There always seems to be a good staff ratio.” Another relative said, “The impression I get is that there is always somebody around keeping an eye on [the person].” We reviewed the staff rota and noted that there were four staff in each house during day shifts and two staff on waking night in each house at night. We noted that the acting manager and the deputy manager also covered shifts in both houses and we were informed that agency staff were used in emergency cases such as when staff could not come on duty due to health or personal issues. The acting manager said the service used the same agency staff to ensure that they had knowledge about people’s needs and how to support them. The acting manager stated that the staffing level would be increased if there was a particular need i.e. when respite was used or when new people were admitted into the home. This ensured that the staffing level was reviewed to reflect the needs of people.

Requires improvement

Is the service safe?

The home had a clear process in place and staff were appropriately vetted before starting work to help ensure they were suitable to deliver care that people needed. The acting manager showed us a chart which confirmed that all staff working at the home had been checked including evidence of visas for those who needed work permits. The staff files contained evidence of police check, written references, and completed application forms. The acting manager, staff and records confirmed that new staff had completed an induction programme before they started work. This ensured staff were checked and inducted into the service before starting to support people.

All parts of the home were clean and tidy on the day of the inspection. Staff told us and records confirmed that staff had infection control training. We noted staff checked the premises and facilities daily and ensured that they were clean. This showed the environment where people lived was clean.

Good

Is the service effective?

Our findings

People and relative told us staff had the necessary knowledge and experience to provide care and support. One person said, "I think they know what needs to be done." Another person told us, "The majority of staff were knowledgeable and experienced." A relative stated, "The impression I get is that if there is a problem it gets picked up and addressed by staff."

Staff told us they had received the training they required and that access to training was good. They told us examples of the training courses they attended and these included, medicine administration, adult safeguarding, diet and nutrition, equality and diversity, and first aid. Staff were able to explain the actions they would take to record and report an incident of abuse. Records and training certificates we saw in staff files confirmed that staff had attended various courses related to their roles. We looked at the training matrix we found that no staff had undertaken either the 'Fire Marshall Training' or the 'Fire Evacuation Simulation (practical)' training. In addition only 12% of staff had undertaken 'Fire Safety Theory' Training. However, we saw the training matrix showed that there was a plan for staff to attend these training and the acting manager reassured us that this would take place as planned.

Staff told us they completed an induction programme when they started work at the home. They told us they found the induction useful because it offered them time and opportunity to learn the systems and procedures of the home. We saw records of induction programmes in staff records.

From speaking with staff and observing interactions, it was clear that staff knew about people's individual needs and preferences and knew how to communicate effectively. We observed staff intervening appropriately when people became anxious or distressed. We observed that staff encouraged people to make decisions, for example, by asking questions such as "Shall I bring your wheelchair back a bit? Shall I put it up or down? What do you like to have [for your lunch]?" There was evidence in people's care files that people were asked for their consent for their pictures to be taken and used by the home. This showed staff sought people's consent about care and service provided at the home.

There were systems in place so that the requirements of the Mental Capacity Act 2005 (MCA) were implemented when required. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We noted that DoLS authorisations had been obtained for some people and applications made for five others.

Care files showed that each person had a hospital passport. This was a document with information about the person's medical, social and support needs. The purpose of this document was to provide healthcare professionals with information about the person's needs so that they knew how to treat them when they attended healthcare appointments. Staff told us they always took the hospital passports with them when they attended medical appointments. Records showed that people attended appointments with GPs, opticians, dentists and chiropodists.

People and relatives told us the food provided at the home was good. One person said, "I like the food. I let them know what I have." Another person said, "When I want, I can have different things. Today I asked for a sandwich." A relative told us, "[The person] enjoys [their food]. It is one area in which [they have] certain likes and dislikes. [They get] things that [they like.]" We observed lunch and noted that staff provided support to people who needed assistance with their meals.

There was evidence that people's cultural and religious dietary requirements were met. Separate cupboards and shelves were labelled as specific storage for Halal food. One relative said, "Sahara House makes an effort to make sure that [people of different faiths] get the right amount of food

Good

Is the service effective?

and the right type of food." Staff told us that the menus were prepared with people so that they had what they wanted. We looked at the menus and noted that they did not always provide a balanced diet and not all meals included vegetables. The acting manager said staff would consult with people and review the menus to ensure that the food provided was freshly prepared at the home and reflected people's preferences.

Good

Is the service caring?

Our findings

People and relatives told us that the staff were caring and attentive. One person told us, "[Staff] are very nice. The daytime staff are all very good. [However] the night time staff they can be pretty horrid sometimes." We discussed with the acting manager and were told that they had not received a complaint about night staff being 'horrid' but would discuss with them in team meeting and supervision the importance of being compassionate and caring when working at the home. A relative said, "[Staff] are lovely. They show a lot of love to [the person]." Another relative described how staff supported a person to visit their relatives when they were not well and said, "There are always people that can help [the person] out. They are very caring people."

People's privacy and dignity were respected. People told us staff knocked on the door before entering their room. One person said, "Even if staff have already been in the room and come back out, they still knock on the door to come back in." A relative told us staff respected people's privacy. One relative said, "[The person] has got [their] own room. [the person] gets to do what [they want] to do in the privacy of [their] own room." Staff told us how they ensured people's privacy. A member of staff said they gave people choice and made sure that the rooms were closed when supporting them with personal care. We observed that staff knocked on the doors for permission to enter the rooms or to check if people were, for example, in the toilet. This showed staff knew the importance of maintaining people's privacy.

A person told us that a specially adapted toilet seat was not suitable to their needs and this compromised their dignity. We discussed this with the acting manager who stated that they would make a referral to appropriate professionals to ensure that the person's needs were reviewed and suitable equipment was provided.

Relatives told us staff knew people's needs and provided appropriate care and support. They told us they had been invited to and attended care plan review meetings. One relative said, "Certainly at the review meetings I have the opportunity to say anything I want to say." However, another relative told us they had attended review meetings before but not recently. There was evidence in the care files that people and their representatives were involved in planning their care. The care files were written in the first person to describe people's needs and how they wanted staff to support them. This showed people were able to say what their needs were and how they wanted to be treated.

Good

Is the service responsive?

Our findings

People and relatives told us that staff supported them to engage in various activities. One person said that they went "to an arcade with a staff member". Another person said that they had been out to a local burger bar and that they were supported in going shopping. A relative told us, "[The person] has been taken into the park quite often. They take a football in and have a kick about." Another relative said staff supported a person to different leisure and social activities including swimming.

Staff told us four people went to a day centre Monday to Friday. The home had a shift planner which identified the activities due to take place each day. We looked at the planner for house 1 and saw that two people were recorded as attending the day centre, two people had sing-along identified next to their name and one person had 'in house activity' marked next to their name. The acting manager informed us that activities had increased in the past 12 months and people had been on holiday this year. This showed that there were opportunities for people to participate in activities they were interested in.

People's initial needs assessments were completed before they were admitted to the home. The acting manager told us that staff completed assessments of needs for new people to ensure that there were suitable services and facilities to meet their needs. One person's initial assessment of needs stated that their interests included "Smoking and going out in the community". However, there was no evidence that arrangements were made to facilitate to achieve their interests for example by providing staff to support them to go out and by providing a covered smoking area. We discussed this with the acting manager who reassured us that these arrangements would be organised for the person. We noted that the person was at the home for a respite care and a decision for them to continue to live there would depend on the completion of their comprehensive assessment and the provision of appropriate services and facilities to meet their needs and interests.

Care files detailed information about people's needs such as communication, well-being, mental state, personal hygiene, mobility, skin care, finance, and night sleeping. The care plans described the person's needs and how staff should respond to them. We saw daily records of staff interaction with people and evidence of people attending medical appointments, going out into the community and getting support with personal care.

People and relatives knew how to make a complaint. One person said, "I'd let a member of staff know [if I want to complain]." A relative told us, "I have not had a reason to make a complaint. If I do have any problems, I would be able to contact them." We saw that the provider had a complaints procedure. The complaints procedure was presented in a written and pictorial format so that it was accessible to people. We reviewed the provider's complaints records and noted that one complaint had been recorded during the last 12 months. We noted the complaint was investigated by the acting manager.

Good

Is the service well-led?

Our findings

A few days after this inspection we were informed by the area manager that a new acting manager was employed to run the service. The area manager stated that the new acting manager would apply to register with the CQC.

People and their relatives told us that us that the service was well-run. One person said, "The manager is good." Another person told us why they felt the 'manager was good': "It takes the pressure of me making phone calls and arranging things for myself…It gives me a break from doing everyday stuff by myself." A relative said they were happy with the management of the home and stated, "I've met [the acting manager] a couple of times, but I've had more contact with the deputy manager." Another relative told us that the home was "good" and they could talk with staff.

Staff spoke positively about the management of the home. A member of staff said, "The manager is very supportive to me. His door is open." We observed the acting manager was visible and interacted with staff and people.

The acting manager told us about his initiative to review the filing system. He showed and told us how he wanted to make people's files more simplified by organising care plans and daily records separately. He said he was introducing a new filing system gradually so staff were familiar and able to use it.

We noted the area manager regularly visited the home to undertake audits such as care plans, incidents, the premises and how staff provided care. We were informed that as part of the visit the area manager spoke with people, the acting manager and staff. During the inspection the area manager told us that the service was open to feedback. After the inspection we received an email from the area manager stating that they had put an action plan in place to address the shortfalls we highlighted in the management of medicines.

The acting manager facilitated care and senior staff meetings at the home. We saw the minutes of some of the meetings and noted that care practice; training and management issues had been discussed. We were informed that the acting manager attended regional home manager's meetings. He told us this helped him to share good practice with the managers of other care homes owned by the provider.

The acting manager and records showed that survey questionnaires had been sent to relatives. However, we were informed that none of the survey questionnaires had been returned. The acting manager said staff talked to and asked people and relatives informally at the home or by telephone about their views of the service. We were informed that people and relatives had opportunities to share their views and experience during the care review meetings.

We looked at incident and accident and health and safety records. We saw that incidents and accidents were recorded and, when needed, reported to the CQC. We also noted that equipment and facilities were appropriately checked and serviced. For example, records showed gas installation safety was carried out last April, the passenger lift was serviced every three months, and portable electrical appliance testing was completed last July. These showed that there were effective health and safety systems in place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person did not appropriately manage people's medicines. Regulation 12(2)(g).**